

Utah Department of Health, Child Care Licensing

Application for RENEWAL of Family Child Care License or Residential Certificate

Note: It may take up to 60 days to process your **completed** application. An application is considered complete when **all** required items listed below in Section C have been received by Child Care Licensing.

Mark which one you are applying for: ☐ License Renewal ☐ Residential Certificate (RC) Renewal

SECTION A. IDENTIFYING INFORMATION:

Applicant Name: _____ Phone #: (____) _____

Program Name: _____ Cell #: (____) _____

(Complete Program Name only if your child care program has a name, in addition to your own name.)

Mailing Address: _____

City & Zip Code: _____ Fax #: (____) _____

Facility Street Address: _____

City & Zip Code: _____

Primary Language, if other than English: _____ Interpreter's Name & Phone #: _____

Food Program Sponsor (if applicable): _____ Phone: (____) _____

SECTION B. HOUSEHOLD MEMBERS, EMPLOYEES, CAREGIVERS, & VOLUNTEERS

You must complete the following information for every person living in your home, including yourself, and for all employees, caregivers, and volunteers. Copy and use additional pages if needed to include everyone.

Name	Date of Birth	Name	Date of Birth
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____

SECTION C. DOCUMENTS REQUIRED:

You must include all of the following documents when you submit your application:

- ☐ This application form, completely filled out, signed, and dated.
- ☐ \$25.00 renewal application fee payable to "Utah Department of Health."
- ☐ A completed "Request for Annual Renewal of CBS/LIS Criminal History Information" form.
- ☐ A completed "Consent & Disclosure Statement for CBS/LIS Background Screening" form.
- ☐ A copy of your current local health department kitchen inspection. This must be less than 2 years old.
- ☐ A copy of your current fire clearance or a copy of a document from the local fire authority stating a yearly fire clearance is not required.
- ☐ A copy of your current business license or a copy of a receipt verifying application or a copy of a document from a city/county employee stating a yearly business license is not required.

If you want an increase or decrease in your capacity, you must also include the following:

- ☐ Requested **INCREASE** in capacity by: _____ Requested new total capacity: _____
(This request may not conflict with local ordinances.)
- ☐ A copy of a new business license or a copy of a document from a city/county employee stating a new business license is not required.
- ☐ A copy of a new fire clearance or a copy of a document from the local fire authority stating a new fire clearance is not required.

<p style="text-align: center;">For Office Use Only Approved Capacity _____</p>

If you want to change your license type, you must also include the following:

- Requested Type: ☐ Licensed Family ☐ Residential Certificate
- ☐ A copy of a new fire clearance or a copy of a document from the local fire authority stating a new fire clearance is not required.
 - ☐ A copy of a new business license or a copy of a receipt verifying application or a copy of a document from a city/county employee stating a new business license is not required.
 - ☐ A copy of your Policies & Procedures and Emergency & Disaster Plan, if requesting a change from RC to Licensed.
 - ☐ A copy of a Certificate of Attendance (within the past 6 months) from New Home Provider Orientation training, if requesting a change from RC to Licensed.

If you want to change your name, you must also include the following:

- ☐ New Name: _____
- ☐ Reason for Change: ☐ Divorce ☐ Marriage ☐ Business Name Change
- ☐ Other: _____

SECTION D. CERTIFICATION OF UNDERSTANDING:

I understand that this document serves as the formal request upon which a decision to renew my child care license or certificate will be based. I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect any part of the home, property, and premises without a warrant at any time children are in care.
2. Review child care documents.
3. Interview caregivers, children, employees, household members and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah. I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application. I do hereby state that, based on my best information and belief, that neither myself, any employee or volunteer in my child care program, or any individual residing in my home has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

Signature of Licensee/Certificate Holder

____/____/_____
Date

**Submit completed application, fees, and all required application documents to
the Salt Lake office or the Provo office.**

Salt Lake Office

Mailing Address
Child Care Licensing, Salt Lake Office
P.O. Box 142007
Salt Lake City, UT 84114-2007

Location Address
(Do **NOT** mail items to this address)
3760 South Highland Drive, Room 403
Salt Lake City, UT 84106

Phone: (801) 273-6617
Toll Free: 1-888-287-3704
Fax: (801) 372-4145

Provo Office

Child Care Licensing, Provo Office
150 East Center Street, Suite 3200
Provo, UT 84606

Phone: (801) 374-7688
Toll Free: 1-800-894-2588
Fax: (801) 371-1168